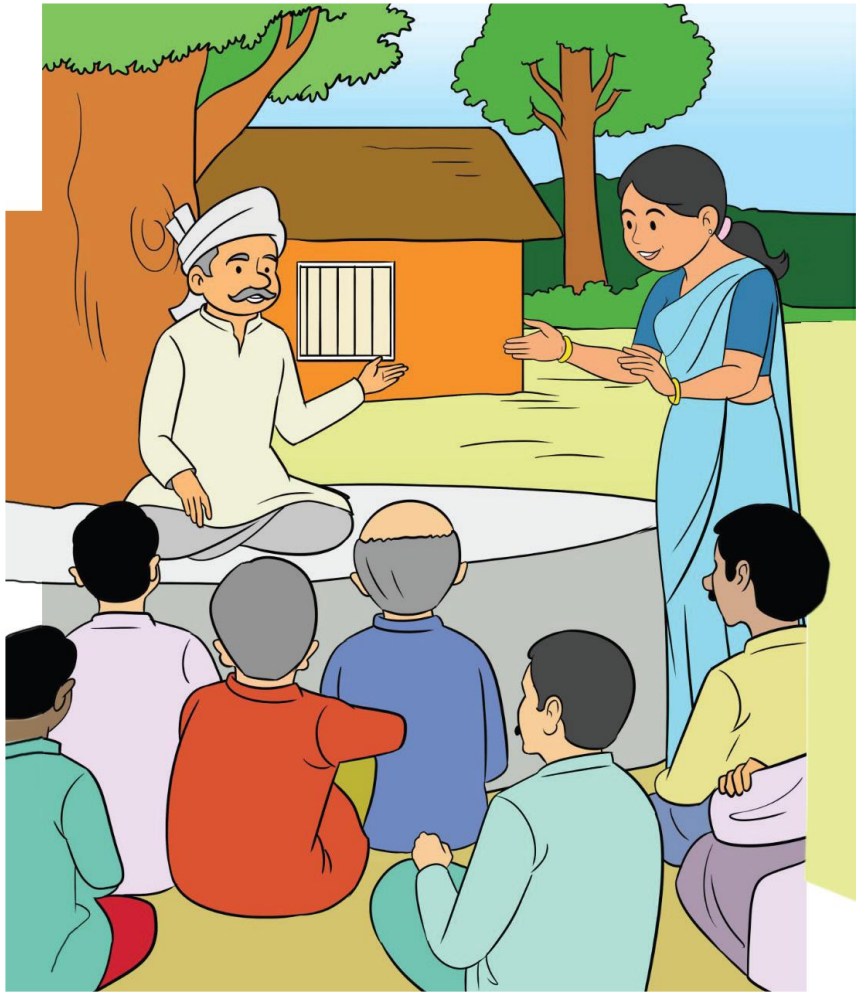
Ministry of Health and Family Welfare
Government of India

Module on Tuberculosis for Gram Panchayat Members



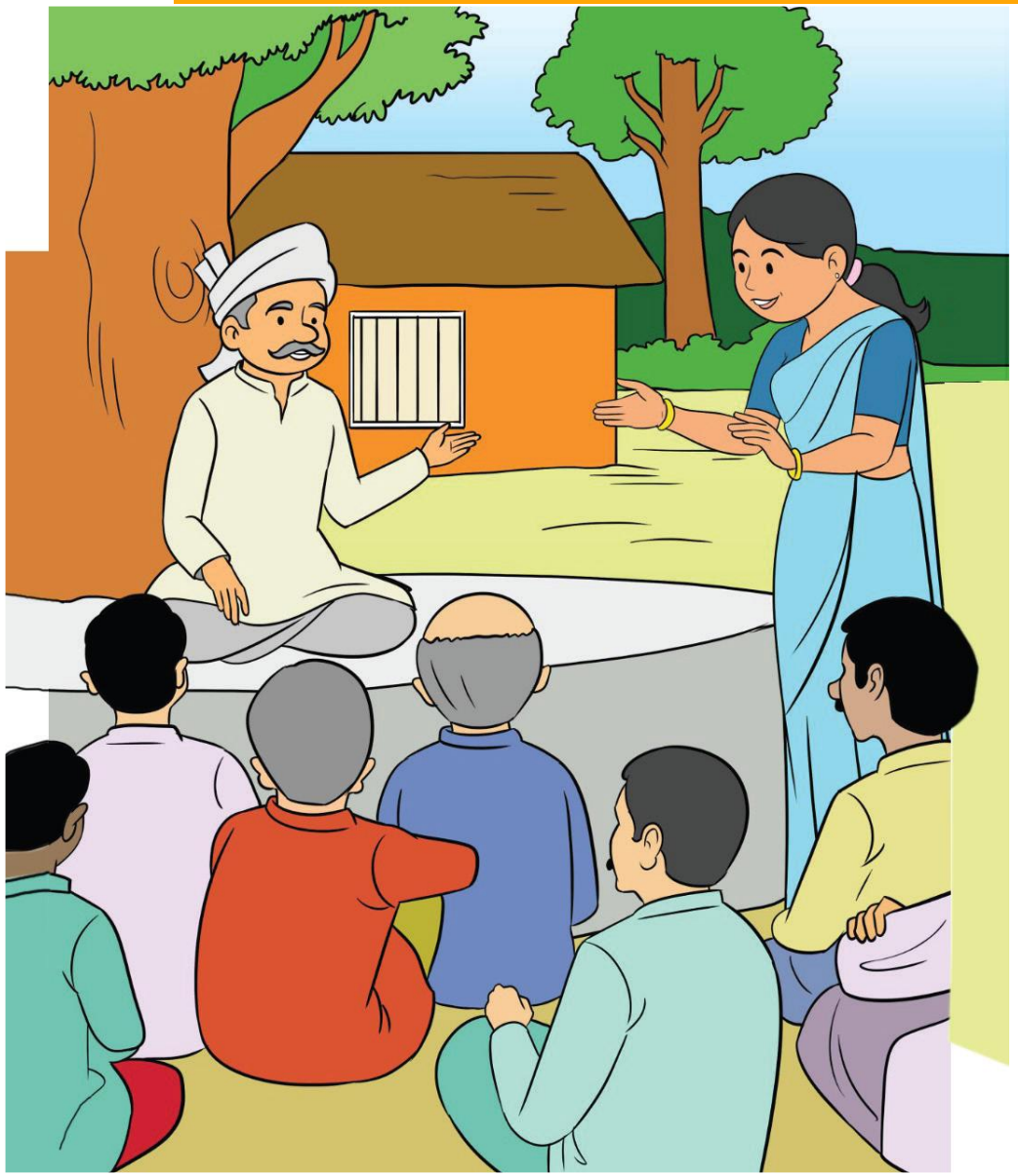
Dr. Sejal Tambat
WHO Consultant

Why should Gram Panchayat Officials know about TB?

“ A target has been set to End TB globally by 2030. I would like to announce that we have set an aim to eradicate it from India five years ahead of 2025 ”

- Shri Narendra Modi,
Prime Minister of India

Objective of TB Free Gram Panchayat



- Jan Andolan or People's movement for TB
- Gram Panchayat Leaders – Pivotal role
- Gram Pradhan – Pivotal role
- Raising awareness for TB
- Addressing myths & misconceptions
- Informing about existing government schemes for TB patients
- Monitoring TB Programme in their village
- Active participation on community engagement
- Build ownership among Gram Panchayat towards TB Program
- Develop open ended communication on quality & availability of TB services from the field

Panchayati Raj

NATIONAL HEALTH MISSION

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME
TB MUKT BHARAT
TB Harega Desh Jeetega

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

सशक्त पंचायत सतत् विकास

Global Health Strategies

World Health Organization
India

PRE-TRAINING SURVEY

The assessment form:

1. Which of these is not a common symptom of TB?

A. Fever

B. Cough

C. Unexplained Weight loss

D. Vomiting

2. What should a person do if they have had fever and cough for more than 2 weeks?

A. Wait for the symptoms to subside

B. Consult the local pharmacist for treatment

C. Consult a doctor

D. Try self-medication

The assessment form:

3. Which of the following statements is true?

A. All people with TB are contagious

B. TB is a curable disease

C. TB only happens to the poor

D. All people with TB should be isolated

4. How can *Gram Pradhans* support TB elimination efforts?

A. By raising awareness about TB

B. By ensuring availability of TB services in the village

C. By mobilizing support for patients

D. All of the above

The assessment form:

5. How TB can spread from one person to another person?

A. By touching a person

B. By blood contact

C. Sexually transmitted

D. By Air

6. Which of the following are risk factors for Tuberculosis?

A. HIV/AIDS

B. Malnutrition

C. Diabetes

D. All of the above

The assessment form:

7. TB services are freely available at following health facilities?

A. District Hopsital

B. Primary Health Centre

C. Community Health Centre

D. All of the above

8. At VHSNC*, Gram Pradhans* are required to ask ASHA Members about ?

A. Number of people presumed with TB tested in the month

B. Number of people with TB identified in the month

C. Total number of people with TB getting *Ni-kshay Poshan Yojana* benefit

D. All of the above

The assessment form:

9. Which of the following platforms can be utilized to generate TB awareness in the village?

A. School events

B. Festivals & community events

C. Social Media (Whatsapp, facebook etc.)

D. All of the above

10. How one can defeat Tuberculosis?

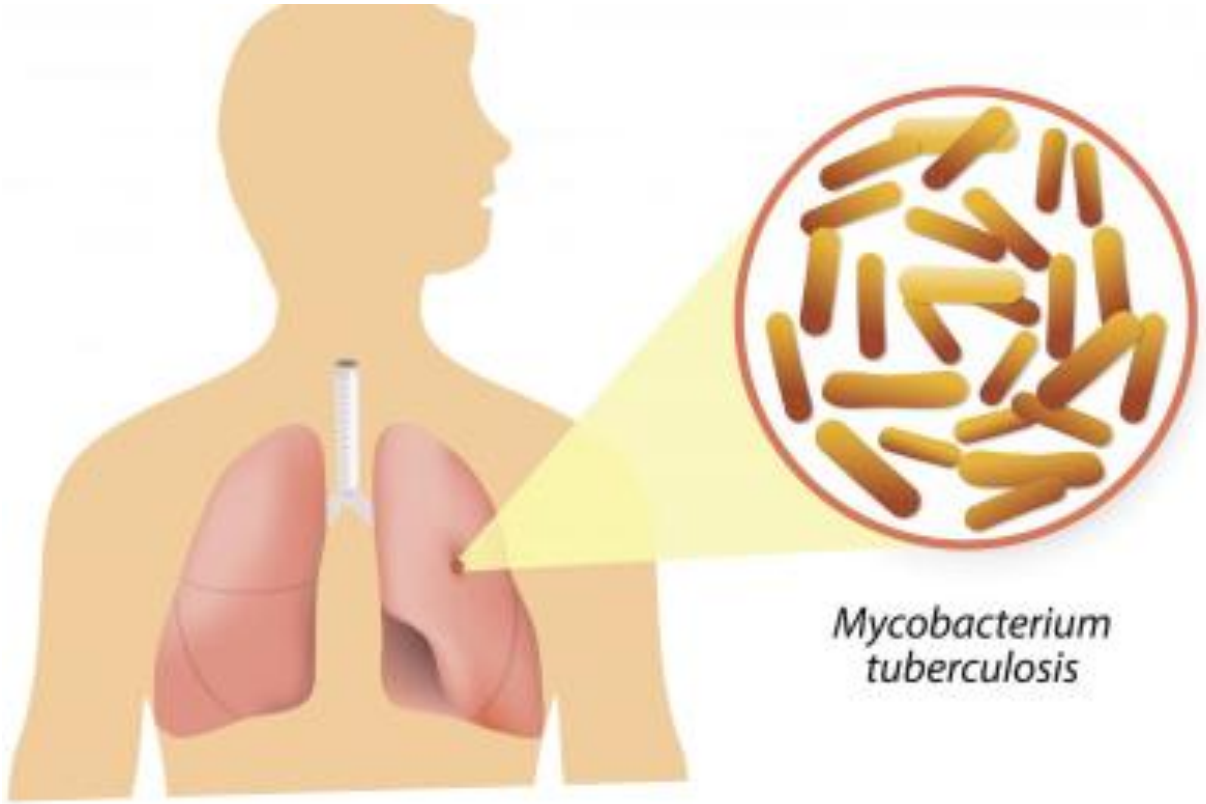
A. Timely diagnosis & initiation on treatment

B. Successful completion of the course of treatment

C. Taking Nutritious high protein diet

D. All of the above

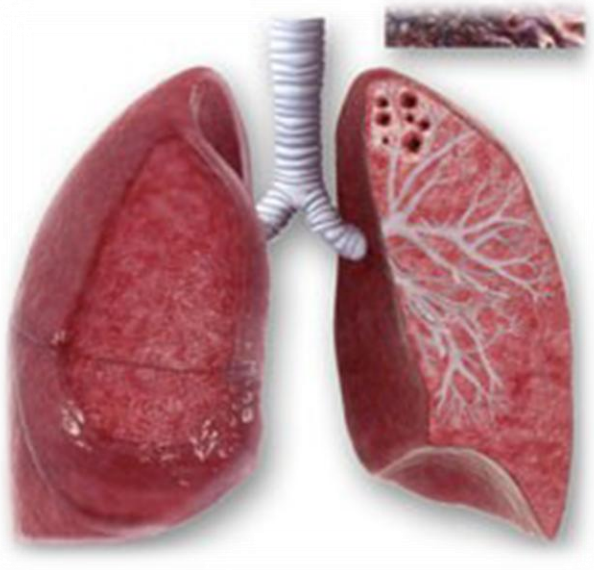
What is TB?

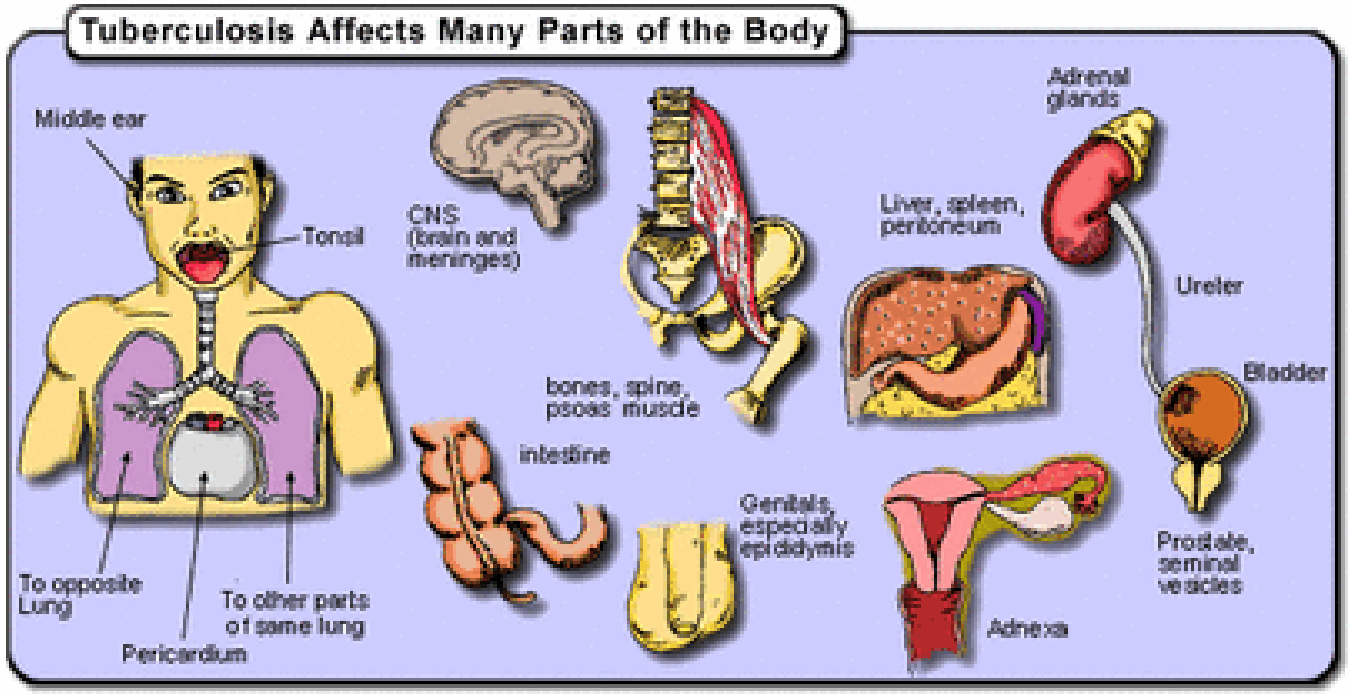


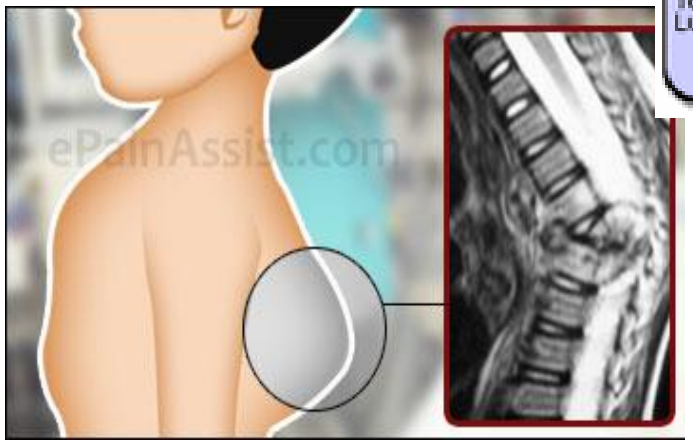
TUBERCULOSIS

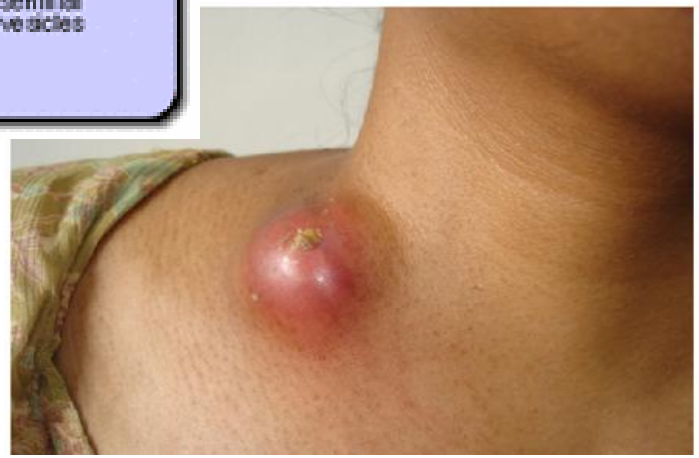
- TB is number one infectious killer disease

Where can TB disease occur in Body?









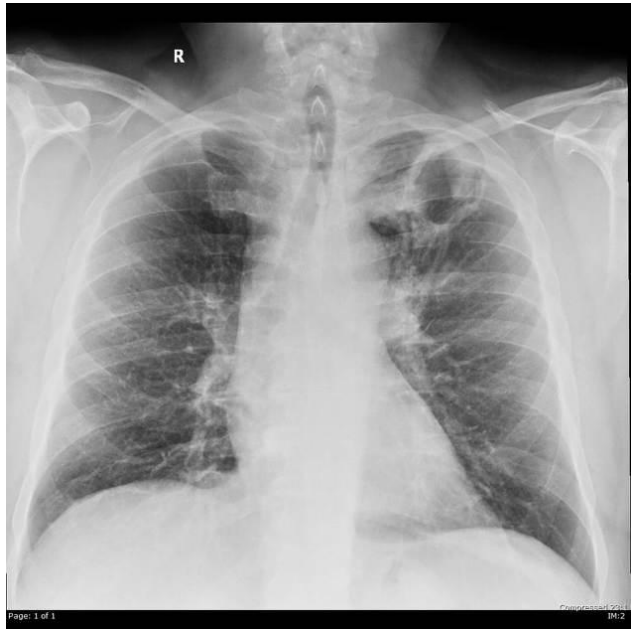
What are the symptoms of TB?

What are the Risk Factors for TB?

1. Diabetes
2. Hypertension
3. Coronary Vascular Disease
4. Cancer
5. Immunosuppressive treatment
6. HIV/AIDS
7. Palliative Care
8. Renal Impairment with Dialysis
9. Liver Impairment
10. Transplant recipients
11. COPD
12. Bronchial Asthma
13. Elderly >60 years age
14. Children <5 years age
15. COVID recovered patients
16. Miners
17. Stone Crushers workers
18. Cotton mill workers
19. Tea garden workers
20. Silicosis
21. Weaving & glass industrial workers
22. Pregnant & Lactating women
23. Unorganised Labour
24. Populations consuming Raw Milk
25. Populations consuming undercooked/raw meat
26. Contact of TB
27. Prison Inmate
28. Refugee
29. Migrant
30. Smoker
31. Others

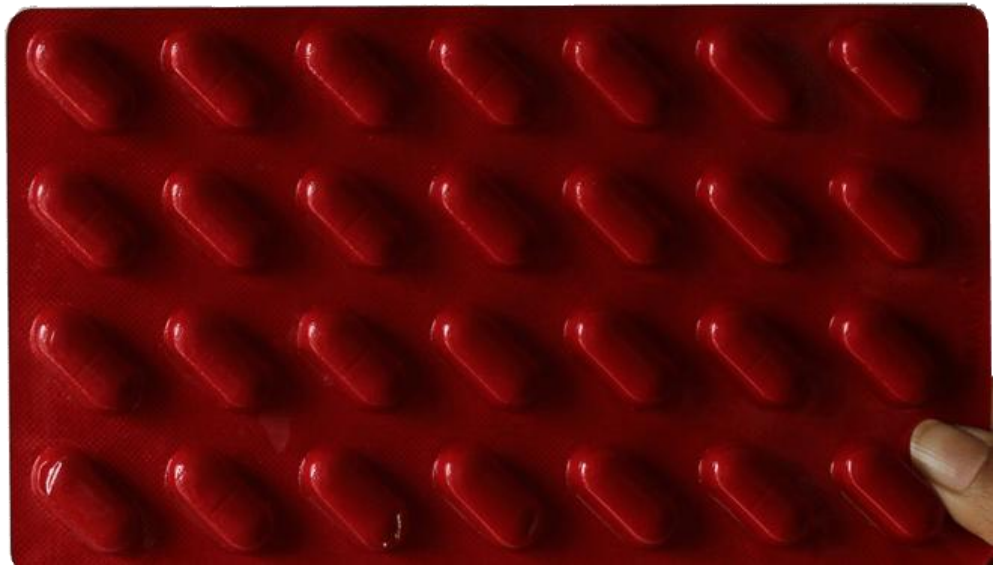
How is TB diagnosed?

- Sputum sample or any sample collection
- Tested for Microscopy or NAAT
- Free of cost
- DMC at PHC
- NAAT site at CHC/CH/ZH/RH
- Chest Xray



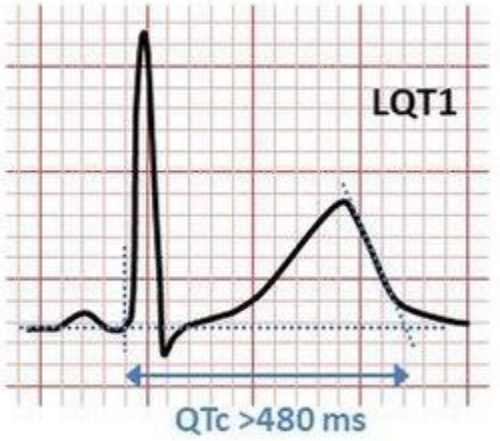
What is the treatment of TB?

- Drug Sensitive TB (DSTB) – 3 to 4 Tablets to be taken orally daily depending on body weight
- Duration of DSTB – 6 months to 9 months



- Drug resistant TB (DRTB) – 15 to 20 tablets to be taken daily orally depending on body weight
- Duration of DRTB – 18 months to 24 months

Side Effects of TB medicines



What are the services available for TB patients?

- Nikshay Poshan Yojana – (April 2018) – 500Rs Direct Benefit Transfer (DBT) given to every patient per month for a duration of 6 months
- Rs. 750 (one time) will be given to every patient residing in Tribal TB Unit
- Himachal Pradesh – Mukhya Mantri Kshay Rog Nivaran Yojana (MMKRNY) – Schemes for DRTB patients under MMKRNY
  - Nutrimix nutritional powder (since 2016)
  - Rs. 1500 per month for MDRTB patients (since June 2020)
  - Free CT Scan or MRI services for diagnosis of DRTB
  - Travel allowance to DRTB patient and one attendant to visit health facility

Incentives for ASHA/Community Volunteers for TB

- **Rs 500** will be provided for **referral** of a presumptive case to the nearest government health facility

- **Rs 10** will be provided to ASHA/ Community Volunteer for facilitating **bank seeding** of notified patient

- **Rs 250** per individual will be provided to ASHA/Community Volunteer for **successful completion** of TB Preventive Treatment

- **Rs 1000** for treatment completion of **Drug sensitive TB patients**; **Rs 5,000** for **DR-TB patients**

How can TB be prevented? TPT

- Medicine given for prevention of development of TBI into TB Disease
- Medicine given orally for 6 months as daily dose or 3 months as weekly dose
- It eliminates the TB Bacteria in the body before it can turn into active TB disease
- Beneficiaries of TPT:-
    - Close contacts of Pulmonary TB cases
    - Children <5 years of age
    - People living with HIV
    - High Risk groups

Myths & Misconceptions

- All patients with TB are Contagious
- All TB patients should be isolated
- TB cannot be completely cured
- TB happens only to poor
- TB is a divine curse
- TB is hereditary
- TB spreads by sharing food, utensils, and momentary contact

Supporting & Monitoring TB program at Village & Block level

- How can Gram Pradhans leverage Village Health, Sanitation and Nutrition Committee, Jan Arogya Samiti, and Panchayat Samiti to monitor TB services?

- What kind of activities can be budgeted under the Panchayat Development Plan?

Village Health Sanitation & Nutrition Committee (VHSNC)

- Platform to ensure community participation in supporting health activities, implementing programs & resolving health & wellness challenges at village level
- VHSNC Members – Village Head – President,
  - ASHA – Member Secretary, Panchayati Raj Member – Member
  - Panchayat Secretary, ANM, all Anganwadi workers, other regional ASHA, frontline service providers of various cooperative government departments – invited members
  - Representatives of local NGOs, representatives of Self-Help Groups, Medical Officers, ASHA facilitators, supervisors of health and Anganwadi departments, officers of block program management unit, block development officers and district and block level Panchayat members and others.
- VHSNC Untied Fund – Rs. 10,000/- given to every VHSNC
- Funds can be utilized to support people with TB in

their household needs

Role of Gram Pradhan in VHSNC

- Gram Pradhans are required to fill workbook with help of ASHA
- **Ask ASHA workers about**
    - Number of people presumed with TB tested in the month
    - Number of people with TB identified in the month
    - Number of people with TB who started treatment in the month
    - Total people with TB getting Ni-kshay Poshan Yojana benefit
    - Number of close contacts of TB patients initiated on TPT
    - Recording TB indicators in VHIR? (yes or no)
    - Sharing awareness material on TB? (yes or no)
- **Ask other VHSNC members about the following:**
    - Disseminated TB-related information? (yes or no)

Panchayat Samiti & Role in TB Free Gram Panchayat

- Panchayat Samiti operates at the **block level**, and functions as a link between the gram panchayat and zila parishad.
- Panchayat Samiti Members include: Block development officer

  Gram Pradhan - chairperson

  Members of the state's legislative assembly & Members of Parliament

  PHC medical officer - co-chair

  Panchayati Raj Member – Member

  Community Health Officer (CHO) - Member Secretary

  Otherwise unrepresented groups (scheduled castes, scheduled tribes and women), associate members (such as a farmer, a representative of the cooperative societies and one from the agricultural marketing services sector)

  Elected members of that panchayat block (tehsil) on the zila parishad (district board)

Role of Gram Pradhan in Panchayat Samiti

- At panchayat samitis, *Gram Pradhans* are required to:

- **Report persisting challenges** on the field faced in facilitating *TB Mukt Panchayat*, ACF drives, linkage of TB patients to *Ni-kshay Mitras* or TB service delivery to the Block Development Officer and the Zila Panchayat

- **Share experience**, knowledge, and information **on TB** with other members of the Samiti

- **Receive IEC material** monthly to disseminate further at the village level to display in high-footfall areas

Jan Arogya Samiti

Jan Arogya Samiti is an umbrella of the VHSNC at the **sub-health centre** (SHC) and **primary health centre** (PHC) level. It is essentially a "people's health committee" that empowers them to support improving health services and facilities and create a sense of accountability among service providers.

Jan Arogya Samitis at the SHC level include: Gram Pradhan – chairperson
PHC medical officer - co-chair
Community Health Officer (CHO) - Member Secretary

Members : Other Medical Officer / AYUSH Medical Officer of PHC
Senior Staff nurse / LHV / ANM of PHC
Chairperson of Janpad Panchayat's Health Sub-committee
Sector supervisor of dept. of women and child (DWCD)/ ICDS of the area
Block level officer of Dept. of public health engineering dept. (PHED) / department of water and sanitation (DWS)
Block level officer of school dept./ principal/ headmaster of local school
Block level officer of PWD
Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6)
Block level representative from NYK/youth volunteers
Civil society representatives (total number of members is likely to be up to 18-20)
TB Survivor/Male undergone sterilization after 1 or 2 children/Women of SHG/Youth group

All general members tenure would be 2 years to ensure more community participation & representation in JAS

Role of Gram Pradhan at Jan Arogya Samiti

- At Jan Arogya Samitis*, Gram Pradhans* are required to:

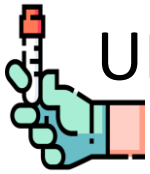
- **Discuss issues raised in the VHSNC** on any grassroot challenges faced by patients or the program to the Block Medical Officer

- **Ensure participation of TB champions** to speak about their recovery journey

- **Receive a list of TB care providers available in the block**, including doctors, chemists, diagnostics, etc., to share with village members who are looking for TB care

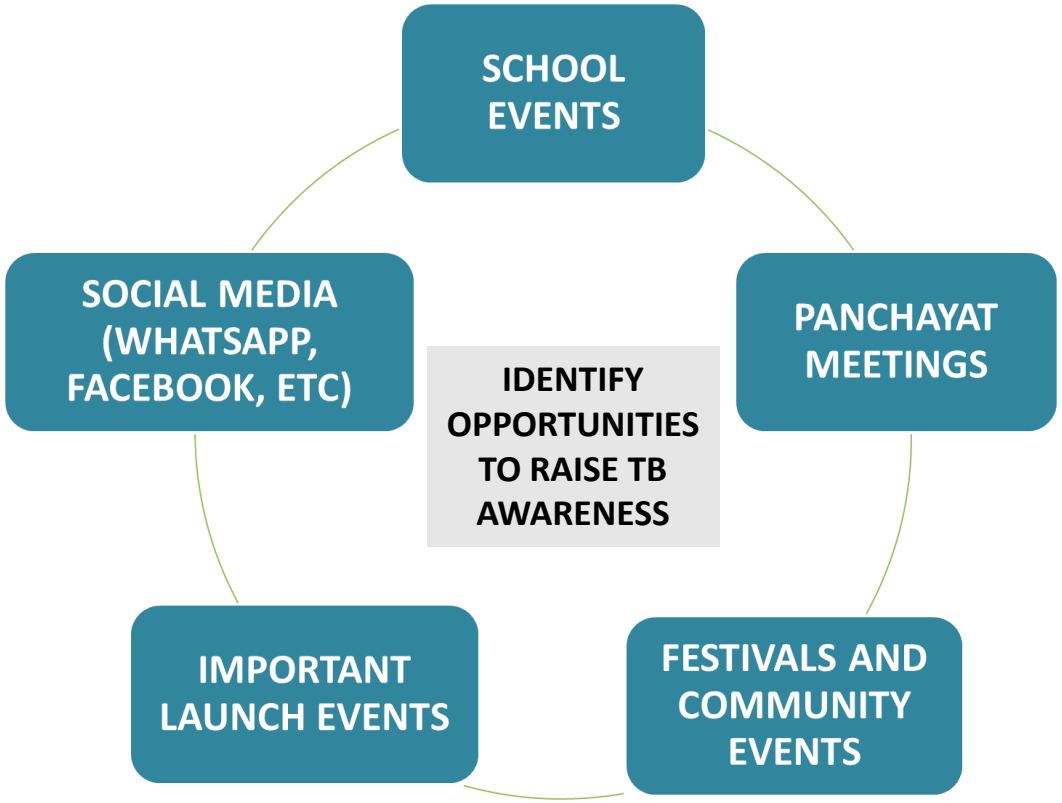
TB activities to be included in Panchayat Development Plans

- **Panchayat Development Plans** are developed at the village-level for the delivery of basic services as per various government schemes and local needs
- PDPs must include activities that support "**100% treatment for TB**"
- Gram Pradhans should plan & budget to support the following activities:
  - **Visits to health facilities** for those with TB and those presumed with TB
  - **Transporting sputum** for diagnosis and check-ups
  - **Disseminate TB messages** through displays and events (street plays, wall paintings, posters, banners, etc.) in high-footfall areas
  - **Observe World TB Day** in their villages through awareness activities
  - **Providing additional nutritional support** for active TB patients
  - **Connecting TB patients to any existing social support/employment scheme** such as MNREGA, under the purview of the *Gram Pradhans*



UDST

Raising Community Awareness



Main Pillars of TB Messages

Testing & Symptoms

Avail testing upon first appearance of symptoms of TB:

- persistent cough >2 weeks
- coughing up blood
- mild fever, night sweats
- chest pain, breathlessness
- fatigue
- unexplained weight loss
- loss of appetite

Treatment

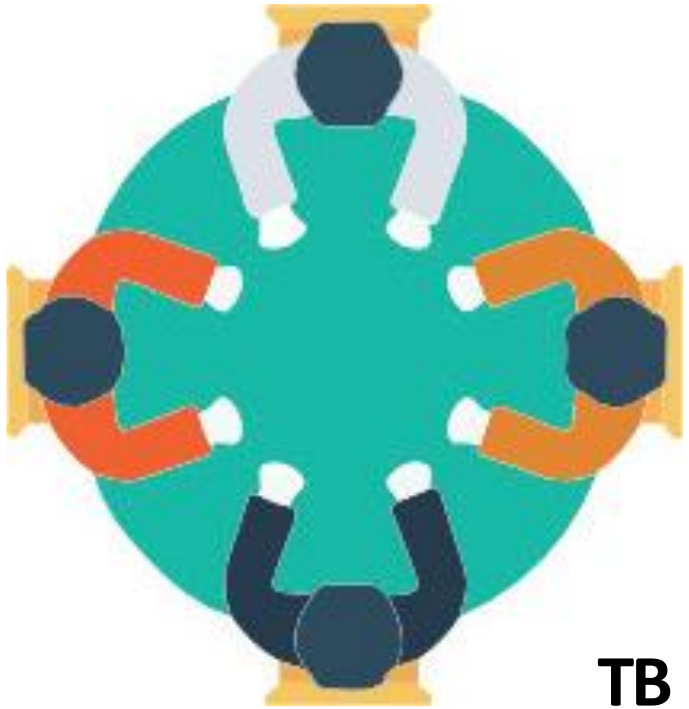
- Complete TB treatment only under the supervision of qualified doctors and treatment supporters
- Medicines are available free of cost at government health centers

Main Pillars of TB Messages

TB PREVENTIVE THERAPY

- Ensure that close contacts of those with TB are screened and tested for the disease. If they test negative for TB, they should take TB Preventive Therapy (TPT) to reduce the chances of developing the disease
- Those prescribed TPT should complete the medication as recommended
- Medicines are available free of cost at government health centers

Is TB a Stigmatizing Disease?



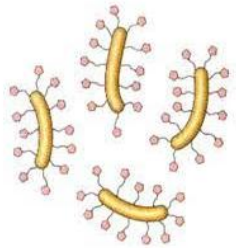
A **lack of correct information** on TB can cause **stigma** around the disease, a fear of the social and economic consequences if diagnosed with TB. This fear can **stop people from seeking diagnosis and treatment on time**

Stigma also **doubly affects vulnerable groups** (women, children, migrants, refugees and people living with HIV)

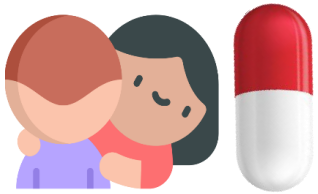
TB | STIGMA | W♀MEN

Women with TB are seen as a societal burden, cast out from their homes, divorced and deserted, and separated from their children

How to reduce TB Stigma?



TB is not a curse. It is caused by germs, can happen to anyone, and **is entirely curable.**



Once on a course of treatment, TB patients are free to associate with other members of the society.

Not all TB is transmissible, patients with lung TB are infectious. To combat this, one must cover their mouth and nose while sneezing and coughing and maintain personal hygiene.

People with TB and TB survivors **must be treated with complete dignity.**